

Our **Dental Savings Program** is designed for patients of Live Life Smiling Family Dentistry and is available to individuals or families without existing dental coverage. It is intended to be a simple, hassle-free program that will provide affordable, quality dental care for a period of **12 months** from the effective date of the contract.

ANNUAL FEES

Option 1: SINGLE	\$90**
Option 2: MARRIED COUPLE	\$120**
Option 3: FAMILY	\$130**
Orthodontic Supplement*	\$100 (plus Option)

*must have option 1, 2, or 3 in addition to orthodontic and there is a maximum of \$500 discount on orthodontic treatment.

**maximum discount per procedure is \$500

This simple, cost-effective program will allow the contract holder(s) a standard discount of 25% on preventive treatment (exams, cleanings, and x-rays) plus 20% on ALL restorative dentistry done by Live Life Smiling Family Dentistry.

Examples	Avg. LLSFD Fee	Contract Fee	You Save
Exam Cleaning BW	\$200	\$150	\$50
3 Surface Filling	\$346	\$276.80	\$69.20
Crown	\$1300	\$1040	\$260
Bridge	\$3900	\$3400	\$500
Veneer	\$1500	\$1200	\$300
Partial denture	\$2200	\$1760	\$440
Orthodontic Tx	\$7500	\$7000	\$500

You and your family will have access to high-quality dental care with these added benefits:

- No annual maximum or deductible
- No waiting period
- No pre-existing clauses
- No restrictions on cosmetic or elective dental care

Exclusions and Limitations

1. This contract is only for services performed by a Live Life Smiling Family Dentistry doctor or staff member
2. This contract does not replace, eliminate or modify any other contract with Live Life Smiling Family Dentistry
3. This contract does not give discounts off missed appointment fees
4. Family members must live in the same household as the contract holder (unless attending college) and are included in the family option up to the age of 24
5. Additional charges incurred for orthodontics because of patient neglect (lack of compliance, lost or stolen appliances) are not included
6. Maximum allowed discount is \$500 off any single procedure (based on ADA procedure codes)
7. Payment must be made at time of service (cash basis)
8. Cannot be used with any other discount, promotion, or insurance plans.

Live Life Smiling Family Dentistry may cancel the contract, resulting in termination of savings for any of the following reasons:

- A. Participant fails to pay the required fee by the required date (within 10 days of renewal date)
- B. Participant permits someone to use program knowingly providing fraudulent information for receiving services
- C. Participant poses a threat to providers, staff or other patients due to physical/verbal abuse

After reading and reviewing all of the information I, _____, choose to participate in Live Life Smiling Family Dentistry's Dental Savings Program and agree to pay the fee according to the Option I have chosen.

OPTION CHOSEN AND ANNUAL FEES

<input type="checkbox"/> Option 1: SINGLE	\$75**
<input type="checkbox"/> Option 2: MARRIED COUPLE	\$100**
<input type="checkbox"/> Option 3: FAMILY	\$125**
<input type="checkbox"/> Orthodontic Supplement*	\$100 (plus Option)

*must have option 1, 2, or 3 in addition to orthodontic and there is a maximum of \$500 discount on orthodontic treatment.

**maximum discount per procedure is \$500

PRINTED NAME: _____ SIGNED: _____

DATE: _____ WITNESS: _____

SPOUSE'S NAME: _____

FAMILY MEMBER(S): _____

NOTES: _____

_____ INITIALS _____